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**EXECUTIVE SUMMARY
TENNESSEE ALCOHOL AND OTHER DRUG NEEDS ASSESSMENT
SURVEY**

**Conducted by The University of Tennessee, Knoxville
Community Health Research Group for the Tennessee Department of Health,
Bureau of Alcohol and Drug Services, 1993**

A statewide survey of a representative sample of 8,000 Tennessee residents was conducted in 1993 by the UK Community Health Research Group (CHRG) under the sponsorship of the State of Tennessee Department of Health, Bureau of Alcohol and Drug Services. Called the Tennessee Alcohol and Other Drug Needs Assessment Survey, it is a general population survey of adult health and lifestyles especially related to alcohol, tobacco, and other drug use and risk.

The purpose of the survey was to provide alcohol and other drug (AOD) prevention and treatment needs assessment data for use in program planning, evaluation, and resource allocation. Topics covered include health and disability status; medical care utilization; stress and coping; health care access problems; the prevalence of alcohol and other drug use, abuse and associated problems, and practices; the social context of alcohol consumption; risk factors in AOD use; attitudes and opinions concerning a host of alcohol-and-other-drug-related issues and problems, such as alcoholic beverage sales and service to minors and to intoxicated persons, drunken driving, HIV/AIDS; community knowledge of certain drug effects and relationships; and sample sociodemographic characteristics.

The survey was a random digit dial (RDD) telephone survey, with sampling at the level of larger counties and regions in Tennessee. Numbers of assigned residential telephone lines per county served as a proxy for population size in determining county representation within a region. A total of 7,982 residents of Tennessee was interviewed for an average of 25 minutes. This is an unusually large sample for a statewide survey, and would be large even for a national survey. The ability to generalize to substate regions is the main reason for the large sample.

Telephone numbers were randomly assigned to local three digit prefixes, also known as Central Office Codes (COC's), for 12 regions of Tennessee. Business numbers were eliminated. Within households, one adult aged 18 years or older was randomly selected as a respondent. The results are generalizable to adult residents of Tennessee living in households with one or more